

Doula Reimbursement Form



(Use this form if you are member who lives outside of Oregon)

Please use this form to request reimbursement for Doula services you have paid for out of your own pocket. To be eligible for reimbursement, you must have active medical coverage through Oregon Educators Benefits Board (OEBB) or Public Employee Benefits Board (PEBB).

Reimbursement will be approved when we receive this completed form with proof of payment.

Subscriber information

You can find your subscriber ID on your Moda Health ID card.

Subscriber ID	Group number	
Subscriber's last name	Subscriber's first name	
Subscriber's street address		
City	State	ZIP

Member information

(Please fill out the below information for the member being reimbursed services)

Last name	First name	Date of birth
Date(s) of services	Amount charged for Date(s) of service(s)	

Doula information

Doula's name/organization		
Doula's street address		
City	State	ZIP

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the member(s) listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Subscriber signature required X	Date	Phone number
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We value your privacy. We won't release any information about you unless you ask us to in writing or we must do so to process or review your claim (by sharing with another insurance company, for example). We'll tell you which information we released and to whom, if you request it.

Please make sure you provide the following documents with this form:

1. Proof of payment indicating the amount you paid. This can include a couple your receipt, canceled check or card statement.
2. If you are mailing the form and receipt, please keep copies of your original receipt(s) for your files. We can't return originals to you.

Email this form and receipt(s) to:

medical@modahealth.com

Please include "Doula reimbursement form" in the subject line.

Mail this form and receipt(s) to:

Moda Health
P.O. Box 40169
Portland, OR 97204